

**COMMUNICATIONS SERVICE REQUEST / CWO**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

<b>1. TRACKING # / PREORDER #:</b> _____ NO <input type="checkbox"/>	<b>3. CSR # / MAC #:</b> _____
<b>2. DATE / CREATED DATE:</b> _____ NO <input type="checkbox"/>	<b>PROJECT #:</b> _____
<b>4. DUE DATE:</b> _____	<b>5. CIO DUE DATE:</b> _____

**STATE OF SOUTH CAROLINA  
BUDGET AND CONTROL BOARD  
OFFICE OF THE STATE CIO**  
4430 Broad River Road  
Columbia, South Carolina 29210-4012  
Fax: (803) 896-0088

<b>6. AGENCY SECTION</b>	
<b>AGENCY NAME / DIVISION:</b> _____	<b>BUILDING NAME / LOCATION:</b> _____
<b>SVC ADDRESS / SVC LOCATION:</b> _____	<b>CITY:</b> _____ <b>ZIP:</b> _____
<b>COORDINATOR / CREATED BY:</b> _____	<b>ROOM:</b> _____ <b>PHONE:</b> _____
<b>CONTACT PERSON:</b> _____	<b>ROOM:</b> _____ <b>PHONE:</b> _____

<b>7. TYPE SYSTEM:</b>	<b>BILLING INFORMATION:</b>
G3R <input type="checkbox"/> CENTREX <input type="checkbox"/> IFB <input type="checkbox"/>	<b>AGENCY ACCT CODE / DEPT. #:</b> _____
OTHER: _____	BILL DIRECT: YES <input type="checkbox"/> (IF YES, WILL NOT BILL THROUGH CIO INVOICE)
	NO <input type="checkbox"/> LEC ACCOUNT: _____

<b>8. VENDOR</b>	
CIO <input type="checkbox"/> _____	
BS <input type="checkbox"/> _____	W.O. #: _____ D.D.: _____
SPIRIT TELECOM <input type="checkbox"/> _____	W.O. #: _____ D.D.: _____
<b>BILLING ACCT:</b> _____	<b>SECTION:</b> _____
<b>BILLING ADDRESS:</b> _____	<b>CITY/ST:</b> _____ <b>ZIP:</b> _____
<b>ATTN:</b> _____	<b>PHONE:</b> _____
OTHER <input type="checkbox"/> _____	

<b>9. TYPE ORDER:</b>	
H <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> VMAIL <input type="checkbox"/> DATA <input type="checkbox"/> VIDEO <input type="checkbox"/> RO <input type="checkbox"/> SW CABLE RECORDS <input type="checkbox"/>	
TEL. SVC. REQ.    SW ONLY REQ.    INV. ONLY REQ.    NETWK. SVC. REQ.	
<b>EQUIPMENT:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>SUBSCRIBER GROUP:</b> _____
<b>A.M. APPROVAL:</b> _____	<b>DATE:</b> _____ <b>COST CTR:</b> _____
<b>SOFTWARE COMP.:</b> _____	<b>L/S COMP. / SITE CODE /</b> <b>MAC COMP.:</b> _____ <b>BLDG. CODE:</b> _____

<b>10. SPECIAL INSTRUCTIONS: / COMMENTS: / NOTES:</b>